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Wayne/Lou Andersen

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Form PTO-1595 (Rev. 07/05)
OMB No. 0651-0027 (exp. 6/30/2008)U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY	
To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.	
1. Name of conveying party(ies) <u>Thomas L. NAGLICH</u> <u>Lou E. ALEX-ANDERSEN</u>	2. Name and address of receiving party(ies) Name: <u>ARTHUR W. BRADEN</u> Internal Address: _____ Street Address: <u>23807 23rd AVE W.</u> City: <u>Bothell</u> State: <u>WASHINGTON</u> Country: <u>USA</u> Zip: <u>98021</u>
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Nature of conveyance/Execution Date(s): Execution Date(s): <u>2/25/08</u> <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Application or patent number(s): A. Patent Application No.(s) <u>7,022,006</u>	<input type="checkbox"/> This document is being filed together with a new application. B. Patent No.(s) _____
Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Thomas L. Naglich</u> Internal Address: _____ Street Address: <u>P.O. Box 1753</u> City: <u>Port Orchard</u> State: <u>WA</u> Zip: <u>98366</u> Phone Number: <u>360-895-9136</u> Fax Number: _____ Email Address: <u>WayneLouWayne@aol.com</u>	6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40⁰⁰</u> <input checked="" type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)
8. Payment Information a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number _____ Authorized User Name _____	
9. Signature: <u>Thomas L. Naglich/Lou Alex-Andersen</u> Signature _____ Date <u>2-25-08</u> Name of Person Signing _____	
Total number of pages including cover sheet, attachments, and documents: <u>3</u>	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
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Attention: Mail Stop Assignment Recordation Services,
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Attached please find the completed for # PTO-1595 requesting assignment of patent #7,022,006 (crab cracking tool) to the new owner indicated on completed form.

This is being faxed to your office with completed form # 2038 (credit card payment form) authorizing the \$40 fee to be paid from this account.

A total of 3 pages are being faxed to you at this time.

Thank-you,

Thomas L. Naglich



Lou E. Alex-Andersen

